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Commissioner for Patents
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Alexandria, VA 22313-1450

On October 1, 2004

TOWNSEND and TOWNSEND and CREW LLP

By: Sign Hoover

PATENT
Attorney Docket No.: 018563-003600US
Client Ref. No.: AT-00072

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

TROSIEN, ANDREW, et al.

Application No.: 09/557,382

Filed: April 25, 2000

For: TREATMENT ANALYSIS
SYSTEMS AND METHODS

Customer No.: 20350

Confirmation No. 8250

Examiner: FRENEL, VANEL

Technology Center/Art Unit: 3626

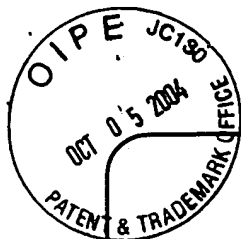
PRELIMINARY AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Prior to examination of the above-referenced application, please enter the following amendments and remarks:

Remarks/Arguments begin on page 2 of this paper.



RCE 33626
41

PTO/SB/21 (04-04)

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/557,382
Filing Date	April 25, 2000
First Named Inventor	TROSIEN, ANDREW
Art Unit	3626
Examiner Name	FRENEL, VANEL
Attorney Docket Number	018563-003600US

Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached
<input type="checkbox"/> Amendment/Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input checked="" type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Response to Missing Parts/Incomplete Application
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation
Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input checked="" type="checkbox"/> CD, Number of CD(s) <u>1</u> | <input type="checkbox"/> After Allowance Communication to Technology Center (TC)
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Preliminary Amendment; Request for Continued Examination Transmittal; Supplemental IDS; Return Postcard |
|---|---|---|

Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Townsend and Townsend and Crew LLP	Reg. No. 47,400
Signature		
Date	October 1, 2004	

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Gigi Hoover		
Signature		Date	October 1, 2004

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